

STATE OF MAINE

BOARD OF FUNERAL SERVICE

APPLICATION FOR LICENSURE

- **FUNERAL ESTABLISHMENT**



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
EMAIL ADDRESS: jennifer.l.mooney@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Application Guide for Registration of Funeral Establishments

Please read all the information carefully. If you have any questions, you can contact the Board of Funeral Service office at (207) 624-8626 or email jennifer.l.mooney@maine.gov

Furnished to Applicant:

- Application Guide for Registration of Funeral Establishments
- Application for Licensure
- Authorization of Credit Card Payment Form

A funeral establishment means a place or premise licensed by the Board of Funeral Service devoted to the care and preparation of human remains for the purpose of funeral ceremonies and final disposition. The facility shall be maintained for the convenience of the bereaved family for viewing or other services in connection with the deceased.

All funeral establishments and branches must be operated by a person or persons holding a funeral director's license, which was initially issued before January 1, 1989, or a practitioner of funeral service license.

All applications for licensure of **Funeral Establishments** must include the following:

- ☐ Completed application for licensure; and
- ☐ Payment of a \$200.00 registration fee. Make your check payable to the Maine State Treasurer.

Upon satisfactory inspection of your establishment and upon review and approval of application by the Board, a registration will be issued for the Funeral Establishment. This registration must be displayed in public view at the establishment.



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

Office Use Only		
License #	_____	
Cash #	_____	
Check #	_____	
4230	1426	\$200 HO

ANNE L. HEAD
DIRECTOR

APPLICATION FOR ESTABLISHMENT

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ New Funeral Establishment
- ☐ Change of Ownership
- ☐ Funeral Branch
- ☐ Name change

Name of Establishment: _____

Location of Establishment: _____

Mailing Address of Establishment: _____

Owner of Establishment: _____

Responsible Practitioner: _____ License number: _____

Federal ID Number: _____ Business Telephone: _____

If Branch, Name of Main Establishment: _____

Address of Main Establishment: _____

License number of Main Establishment: _____

If name change or change of ownership, what name was establishment previously licensed under?

Name: _____ License Number: _____



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ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	

Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____



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